AMENDMENT OF SOLICITATION/MODIFIC	1. CONTRACT ID CODE	PA	PAGE OF PAGES								
2. AMENDMENT/MODIFICATION NO.	3. EFFECTIVE	DATE	4. REQ	UISITION/PURCHASE REQ. NO.	5. PROJ		2 . (If applicable)				
008	Soo Plo	ak 160	10HS								
6. ISSUED BY CODE	00601	CK TOC	7. ADN								
Richland Operations Office			Rich	nland Operations Office	ļ						
U.S. Department of Energy			U.S. Department of Energy								
Richland Operations Office			Richland Operations Office								
P.O. Box 550, MSIN A7-80			P.O. Box 550, MSIN A7-80								
Richland WA 99352		Richland WA 99352									
9. NAME AND ADDRESS OF CONTRACTOR (As a street	44 . 04-4	( 7/D O- /-)	lo <sub>A</sub>	AMENDMENT OF COLICITATION NO							
6. NAME AND ADDRESS OF CONTRACTOR (No., stree	t, county, State and	( Code)	(x) 9A.	AMENDMENT OF SOLICITATION NO.							
PENSER NORTH AMERICA INC	EXEMENTATION NO.  Same Block 16C  DOGG 1  7. ALMINISTERED BY (If when then then 6)  Same Block 16C  DOGG 1  7. ALMINISTERED BY (If when then then 6)  Social Bridge Block 16C  DOGG 1  7. ALMINISTERED BY (If when then then 6)  Social Bridge Block 16C  U.S. Department of Energy Hillard Operations Office U.S. Department of U.S. Departmen										
Attn: PHIL VALDENS				9B. DATED (SEE ITEM 11)							
700 SLEATER KINNEY RD SE, SUITE B #170											
P.O. Box 550, MSIN A7-80 sichland WA 99352  NAME AND ADDRESS OF CONTRACTOR (No. street. county, State and ZIP Code)  NAME AND ADDRESS OF CONTRACTOR (No. street. county, State and ZIP Code)  NAME AND ADDRESS OF CONTRACTOR (No. street. county, State and ZIP Code)  NAME AND ADDRESS OF CONTRACTOR (No. street. county, State and ZIP Code)  NAME AND ADDRESS OF CONTRACTOR (No. street. county, State and ZIP Code)  NAME AND ADDRESS OF CONTRACTOR (No. street. county, State and ZIP Code)  NAME AND ADDRESS OF CONTRACTOR (No. street. county). State and ZIP Code)  NAME AND ADDRESS OF CONTRACTOR (No. street. county). State and ZIP Code)  NAME AND ADDRESS OF CONTRACTOR (No. street. county). State and ZIP Code)  NAME AND ADDRESS OF CONTRACTOR (No. street. county). State and ZIP Code)  NAME AND ADDRESS OF CONTRACTOR (No. street. county). State and ZIP Code)  NAME AND ADDRESS OF CONTRACTOR (No. street. county). State and ZIP Code)  NAME AND ADDRESS OF CONTRACTOR (No. street. county). State and ZIP Code)  NAME AND ADDRESS OF CONTRACTOR (No. street. county). State and ZIP Code)  NAME AND ADDRESS OF CONTRACTOR (No. street. county). State and ZIP Code)  NAME AND ADDRESS OF CONTRACTOR (No. street. county). State and ZIP Code)  NAME AND ADDRESS OF CONTRACTOR (No. street. county). State and ZIP Code)  NAME ADDRESS OF CONTRACTOR (No. street. county). State and ZIP Code)  NAME ADDRESS OF CONTRACTOR (No. street. county). State and ZIP Code)  NAME ADDRESS OF CONTRACTOR (No. street. county). State and ZIP Code)  NAME ADDRESS OF CONTRACTOR (No. street. county). State and ZIP Code (No. street. county).											
			10E	B. DATED (SEE ITEM 13)							
CODE 129467614	FACILITY COL	DE	0	6/15/2009							
	11. THIS ITE	EM ONLY APPLIES TO A	MENDM	ENTS OF SOLICITATIONS							
THE PLACE DESIGNATED FOR THE RECEIPT OF virtue of this amendment you desire to change an offe to the solicitation and this amendment, and is received.	OFFERS PRIOR er already submit d prior to the ope	TO THE HOUR AND DA	TE SPE	CIFIED MAY RESULT IN REJECTION OF YO	OUR OFFE	ER. If by					
42 THIS ITEM ONLY APPLIES TO M	IODIFICATION C	AF CONTRACTS/ORDERS	C IT M	ODIFICE THE CONTRACT/ORDER NO. AS DES		INITERA	44				
13. This Hew ONLY APPLIES TO M	ODIFICATION	F CONTRACTS/ORDERS	5. 11 IVIC	DDIFIES THE CONTRACT/ORDER NO. AS DES	CKIDED	INTIEW	14.				
A. THIS CHANGE ORDER IS ISSUED I ORDER NO. IN ITEM 10A.	PURSUANT TO:	(Specify authority) THE (	CHANG	ES SET FORTH IN ITEM 14 ARE MADE IN TH	HE CONT	RACT					
B. THE ABOVE NUMBERED CONTRA( appropriation date, etc.) SET FORTH	CT/ORDER IS M H IN ITEM 14, PU	ODIFIED TO REFLECT T JRSUANT TO THE AUTH	THE AD HORITY	MINISTRATIVE CHANGES (such as changes of FAR 43.103(b).	in paying	office,					
	IT IS ENTERED	INTO PURSUANT TO AU	JTHORI	TY OF:							
D. OTHER (Specify type of modification	and authority)										
E. IMPORTANT: Contractor X is not,	is required t	to sign this document and	return	copies to the issuing	office.						
14. DESCRIPTION OF AMENDMENT/MODIFICATION	(Organized by U	ICF section headings, incl	luding s	olicitation/contract subject matter where feasib	le.)						
Tax ID Number: 91-2180915											
DUNS Number: 129467614											
This modification number 008	is an a	dministrative	e cha	ange to correct the acco	ounti	ng co	ode for				
the $$3,000.00$ obligated in m	odificat	ion number 00	)7.								
NEW ACCOUNTING CODE ADDED:											
Account code:											
Fund 01050											
Appr Year 2010											
Allottee 34											
Continued											
Except as provided herein, all terms and conditions of the	ne document refe	erenced in Item 9A or 10A,	, as her	etofore changed, remains unchanged and in fu	II force ar	nd effect.					
15A. NAME AND TITLE OF SIGNER (Type or print)		·									
			Joh	n J. Wiltshire							
15B. CONTRACTOR/OFFEROR		15C. DATE SIGNED		JNITED STATES OF AMERICA		160	C. DATE SIGNED				
35 6. 6.0011 E1.010		SOLD, TE GIGINED		gnature on File		''	, 5101120				
(Signature of person authorized to sign)				(Signature of Contracting Officer)		0	9/29/2010				

 CONTINUATION SHEET
 REFERENCE NO. OF DOCUMENT BEING CONTINUED DE-AC06-09RL15009/008
 PAGE DE-AC06-09RL15009/008
 OF DE-AC06-09RL15009/008

NAME OF OFFEROR OR CONTRACTOR

PENSER NORTH AMERICA INC

ITEM NO.	SUPPLIES/SERVICES	QUANTITY		UNIT PRICE	AMOUNT
(A)	(B)	(C)	(D)	(E)	(F)
	Reporting Entity 421601				
	Object Class 25100				
	Program 3184702				
	Project 0000000				
	WFO 0000000				
	Local Use 0000000				
	TAS Agency Code 89				
	TAS Account Code 0243				
	TAS Subaccount Code				
	Quantity: 0				
	Amount: \$3,000.00 Percent: .19288				
	Subject To Funding: N				
	Payment Address:				
	OR for Richland				
	U.S. Department of Energy				
	Oak Ridge Financial Service Center				
	P.O. Box 4307				
	Oak Ridge TN 37831				
	oun Ridge in 5,001				
	Delivery Location Code: 00601				
	Richland Operations Office				
	U.S. Department of Energy				
	Richland Operations Office				
	P.O. Box 550, MSIN A7-80				
	Richland WA 99352		İ		
	FOB: Destination	İ	İ		
	Period of Performance: 10/01/2009 to 09/30/2014				
	Change Item 00001 to read as follows(amount shown				
	is the total amount):				
00001	CONTRACTOR WILL ADMINISTER THE HANFORD WORKERS'				1,555,410.1
	COMPENSATION PROGRAM AS THE THIRD PARTY				
	ADMINISTRATOR ON BEHALF OF DOE.				
	Line item value is:\$1,555,410.13				
	Incrementally Funded Amount: \$1,455,324.20				
			1		
			1		
			1		
		1	1		